

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 W Overland Rd., Boise, ID

June 29, 2006

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Lynn Borders, County EMS Administrator
Kallin Gordon, EMT-Basic Member
Pam Holmes, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
David Kim, Idaho Chapter of ACEP Member
Robert D Larsen, Private Agency Member
Allen Lewis, EMS Instructor
Scott Long, Idaho Fire Chiefs Association Member
Catherine Mabbutt, Board of Nursing Member
Cindy Marx, Third Service Non-Transport Member
Tim Rines, Career Third Service
Ken Schwab, Advanced EMT-A

COMMITTEE MEMBERS ABSENT:

James Ackerman, EMT- Paramedic
Ken Bramwell, Emergency Pediatric Medicine
Lloyd Jensen, Idaho Chapter of the American Academy of Pediatricians
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS
Ethel Peck, Idaho Association of Counties Member
Murry Sturkie, DO, Idaho Medical Association Member

VACANT MEMBER SEATS

Consumer
Fire Department Based Non-Transport

EMS STAFF ATTENDEES:

Chicoine, Kay
Cramer, John
Denny, Wayne
Fend-Boehm, Valerie
Freeman, Barbara
Gainor, Dia

Kozak, Jim
Todd McDowell
Newton, Tawni
Nudell, Nick
Thrasher, Carolyn

Other Attendees:

Allen, Tom - Nampa Fire Department
Arsenault, Bill – Wilderness Fire Rescue
Courtney, Michael
Iverson, Hal – Air St. Luke's
Larson, Warren – Life Run Ambulance
Lueck, Jerry – American Medical Response (AMR)

McGrane, Mike – Air St. Lukes
Ryan, Ted – St Alphonsus Lifeflight
Sharp, Lynette - Air Idaho Rescue
Stephen Harris, NW Medstar
Weiss, Joe – East Boise County Ambulance
Weiss, Phyllis – East Boise County Ambulance

| Discussion | Decisions/Outcomes |
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| Introduction and Minutes | |
| <p>Question about reporting disciplinary subcommittee activities to the general session. Changes in reporting are to avoid having the full committee change subcommittee decisions or inadvertently publish decisions before certificate action.</p> | <p>Motion carried to approve the minutes.</p> |
| Regional Operations Changes | |
| <p>East Idaho office is currently vacant and is being covered by Todd McDowell, Regional Consultant for the Southwest regional office. Scott Gruwell retired.</p> <p>Nick Nudell presented the Comprehensive Strategic Planning Process with the goal of providing optimal patient care and reviewed the eight “Wildly Important Goals” (WIGS).</p> <ul style="list-style-type: none"> ▪ To standup the EMS Physician Commission ▪ To evaluate and improve methods of certification and licensure ▪ To perform a comprehensive assessment of regional operations and provide staff development, training, and education ▪ To support EMS disaster and terrorism preparedness as recognized subject matter experts ▪ To lead an initiative “Bigger Than Idaho” ▪ To provide leadership, technical expertise, and research for local EMS stakeholders to develop and adopt best practices ▪ To leverage available grant monies to maximize and leverage the benefit for all stakeholders ▪ To support other EMS Bureau section programs <p>The Bureau will be conducting EMS System Assessments for interested EMS systems. It will be conducted by a multi-disciplinary team based approach that includes StateComm, Systems Development, data analysis & Six Sigma concepts, EMS operations & policy, and an EMS Regional Consultant to interview stakeholders and assess operational, political, financial, and</p> | |

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| <p>clinical factors.</p> <p>EMS Benchmarking by the North Central EMS Institute at http://www.ncemsi.org</p> <p>Web Enabled Resource Tracking (WERT) is a pilot project in region 3/4. The system will track in real time EMS resources, MCI cache/trailer, fire department resources and hospital bed availability. The Bureau has applied for a HRSA grant request for FY07 of \$580,000 to set up the system statewide.</p> <p>Nick discussed the development of a statewide Mass Casualty Incident (MCI) & Field Operations Guide (FOG.)</p> <p>Regional consultants are now more mobile using digital documentation, laptops, PDAs, and cell phones. A web based certification process is being developed and a major research project for rural EMS integration with community health programs will be conducted.</p> <p>A basic exam annual schedule that supersedes all prior schedules is posted on the www.idahoems.org website. This procedure should facilitate exam and course planning, recruitment evaluators and assist course instructors to plan course completion. The exams will be 20/20 – 20 candidates per exam and register at least 20 days in advance. Exam paperwork requires original signatures. Exam fees must be paid with a money order, cashiers check or agency check. Computer based testing will begin tentatively 11/1/06.</p> | |
| Physician Commission Status Update | |
| <p>All of the state agencies that hold a seat have submitted nominations to the governor. Meetings will be held beginning July 28 and every last Friday of the month for four months. The first task will be to submit medical direction rules.</p> | |
| DNR Status Update | |
| <p>House Concurrent Resolution (HCR) 40 requested the “Department of Health and Welfare (DHW) and the Attorney General to develop a statewide, universal system or form for physician orders for life-sustaining treatment (POLST).” The Office of the Attorney General has taken the lead on the project. Deputy Attorneys General Bill VonTagen and Margaret White met with</p> | |

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| <p>Robert Vande Merwe from the Idaho Health Care Association and Wayne Denny from the EMS Bureau to discuss a work plan for HCR 40. DHW and the Attorney General both have legal interns available for the summer. Both of the interns are tasked with exploring the DNR programs and statutes in other states. The planning group will meet again within the next month to discuss the findings of the interns and to begin constituting an HCR 40 planning taskforce. The task force, once identified, will begin meeting to develop the universal POLST referred to in HCR 40.</p> <p>The end of life directive device will apply in the pre-hospital and hospital setting. The object is to develop a short one-page device that will be both a DNR and a living will/advanced directive.</p> <p>The task force is requesting a representative from the Idaho Fire Chiefs Association to participate. This would also provide an EMSAC voice. Scott Long accepted.</p> | <p>The Idaho Fire Chief's Association has agreed to provide a representative to participate on the HCR 40 task force.</p> |
| <p align="center">EMSAC Meeting Schedule</p> | |
| <p>The Medical Direction subcommittee has been retired. Gratitude and recognition was extended to Karen Kellie for her leadership of the subcommittee. The Disciplinary Subcommittee will start meeting by teleconference to conclude cases more expeditiously. The Licensure Subcommittee will meet as needed, as well. Future EMSAC meetings could be one day instead of two days and the frequency of full EMSAC meetings can be reduced from 4 to 3 per year. This would result in a 25% reduction in business costs. The Grant Subcommittee still needs a one day meeting in late June. Additional EMSAC meetings can occur at the call of the Chair or State Health Officer. The demand for Education Subcommittee meetings may suddenly increase when the National EMS Education Standards are published.</p> <p>Proposal to start triennial meetings for the full EMSAC Committee. Begin cycle with the September 2006 meeting. Resulting meeting month pattern: January – May – September. Select a recurrence.</p> <p>Task Force groups are short term and high intensity and wouldn't fit into this scenario.</p> | <p>Motion carried to hold EMSAC meetings in February, June and October.</p> <p>Motion carried to hold meetings on the 4th Thursday of the scheduled months.</p> <p>Start the new schedule February 2007.</p> |

| NREMT Mobile Exam Logistics | |
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| <p>Dia stated that it is time to make a decision about exam methods. She reviewed logistics and advantages of computer adaptive testing (CAT), new NREMT written fees, and a list of “givens.”</p> <ul style="list-style-type: none"> Some Exam Logistics: Minimum # of questions is 75. The consistent performer will finish by the 75th question. Statistical precision actually possible within fewer questions but 75 is necessary to assure content distribution. 90% of nursing candidates can pass the same type of exam with the minimum # of items. 70% is the traditional cut-off level for competency. The computer determines with a 95% certainty that the candidate is either above or below the competency level. Exam fees: First Responder \$65, Basic \$70, EMT-I99 \$100, Paramedic \$110. Givens: Paper and pencil exams will no longer be available after 1/1/07. Registry will allow mobile testing on laptops at sites >50 road miles from fixed site under certain conditions. The EMS Bureau needs lead time to acquire State Health Officer approval and hardware for mobile testing setup. <p>Fixed sites: Spokane Valley, perhaps at LCSC in Lewiston, College of Southern Idaho (CSI), Boise, and EITC in Idaho Falls. The Bureau is not contemplating charging a fee for the mobile exam. There will be 8 computers available at an exam. (1 computer is a server). There will be two sets of 8 computers. Individuals will be scheduling their own computer based exam for testing at fixed sites. It will not be associated with the practical exams that are being pre-scheduled. The National Registry hasn’t specified whether written or practicals have to be passed to take the other. This will be a state policy.</p> | <p>Motion carried to recommend that the EMS Bureau acquire equipment for and the State Health Officer approve Idaho’s continued use of the NREMT exam as the standard for assessing entry level competency upon the NREMT transition to computer based testing effective January 1, 2007.</p> |
| Air Medical Sub-Committee Report | |
| <p>General Session Discussion</p> <p>A request was made for interested EMSAC members to volunteer for the Air Medical</p> | <p>Sub-Committee Recommendations</p> <p>Motion carried to</p> <ul style="list-style-type: none"> recommend that EMS Bureau draft rules on air |

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| <p>rulemaking task force.</p> | <p>medical licensure</p> <ul style="list-style-type: none"> • recommend that the draft rules include the following: <ul style="list-style-type: none"> • Require CAMTS accreditation for licensure within two years of the effective date of the rules or date of initial state licensure. • Standards for licensure to be used prior to CAMTS accreditation • Additional standards to address Idaho specific issues not included in CAMTS <p style="text-align: center;">General Session Motions</p> <p>Motion carried to accept the sub-committee recommendation.</p> |
| EMSC Sub-Committee Report | |
| <p style="text-align: center;">Subcommittee Membership</p> <p>Pediatric Emergency Medicine, Kenny Bramwell EMT-A, Roger Evans Pediatrician, ICAAP, Lloyd Jensen IHA, Karen Kellie ACEP, David Kim Highway Traffic Administrator, ITD, Steve Rich Career Third Service EMS, Tim Rines IMA, Murry Sturkie State EMS Administrator, Dia Gainor Grant Principal Investigator, Wayne Denny EMS Data Specialist, Kay Chicoine State Trauma Manager, John Cramer EMSC Grant Coordinator State EMS Medical Director Family Representative Emergency Nurse School Nurse</p> <p style="text-align: center;">General Session Discussion</p> <p>There is new membership of the sub-committee that was expanded to meet the needs of the HRSA grant requirements and to address the needs of pediatric patients.</p> <p>Will the new pediatric equipment cause a financial burden to the agencies? Dedicated grant funds might be available. It would depend on the priority one items. Dia read some of the additional equipment that would be required.</p> <p>This does require rule promulgation.</p> | <p style="text-align: center;">Sub-Committee Motions/Recommendations</p> <ul style="list-style-type: none"> ▪ Motion carried to recommend approval of membership as outlined. ▪ Motion carried that recommends that the AAP/ACEP pediatric equipment guidelines be adopted as minimum standards for BLS and ALS pediatric equipment except when the Idaho standards are more specific. These standards are to be effective 11/1/07. <p style="text-align: center;">General Session Motions/Recommendations</p> <p>Motion carried to accept the sub-committee recommendation for membership composition and pediatric equipment.</p> |

| Licensure Sub-Committee Report | |
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| The findings in the subcommittee are confidential and will not be reported to the general session. | |
| American Medical Response – Initial ALS 4 | |
| | <p>Sub-Committee Motions/Recommendations Motion carried to recommend AMR ALS level 4 licensure conditional upon confirmation of adoption of Idaho specific protocols.</p> <p>General Session Motions/Recommendations Motion was carried to accept the subcommittee recommendation for licensure approval with conditions.</p> |
| Wildland Fire Control & Rescue – Initial ALS 5 | |
| <p>General Session Discussion</p> <p>Who will assure that the agency is compliant with conditions? The Bureau is responsible for the first three conditions.</p> <p>#1 condition was directed towards more stringent training and skills retention if the Nampa affiliation was absent. It is not a condition of licensure. Tom Allen stated that the applicant was in good standing with Nampa Fire.</p> <p>#2: Establishment of medical units and practices. Documentation of medical units on fire lines is completely unregulated by any oversight organization. There is an absence of standardization of medical units and scope of practice. A national EMS group has been established to tackle this issue. One of the pending recommendations will be that any provider must hold EMS agency licensure in their state of origin. There are currently resource entities now providing wildland medical services who are not licensed in state of origin. Fire unit managers will be required to report to the state's EMS Bureau about resources crossing their borders. The medical unit leader is encouraged to seek out local EMS providers.</p> <p>Using US Forest Service data, it is estimated that there are indications of 175,000 patient encounters per fire season.</p> <p>Should we wait for the national standard? There will not be a national licensure process. It's the</p> | |

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| <p>state's prerogative to license. It will be national policy that all entities will have to prove state acknowledgement of resources.</p> <p>Bill Arsenault, the applicant, answered questions. He said there are three ways he would respond to a patient. Transport would be indicated if there is potential for loss of life, limb or eye sight. The first choice would be an incident helicopter transfer to the closest appropriate facility, then ground transport unit assigned to the area that would take the patient to the heli-base that has winch capability. Patients with minor injury would be transported by private vehicle.</p> <p>Staffing for this service for wild fire would be a unique situation. There are less than 100 paramedics that can provide on line service that would allow the 24/7 exception. May add staff later.</p> | <p>Sub-Committee Motions/Recommendations</p> <p>Motion carried to recommend approval of Wildland Fire licensure conditional upon</p> <ol style="list-style-type: none"> 1. Confirmation of affiliation with Nampa Fire 2. Confirmation of off-line medical direction by Dr. Radnovich 3. Provision of standing orders to address provision of primary care, treat and release and non-transport 4. To provide service only when contracted by a governmental entity for an unscheduled incident or disaster <p>General Session Motions/Recommendations</p> <p>Motion carried to accept the subcommittee recommendation for licensure approval with conditions 3 & 4.</p> |
| <p align="center">Disciplinary Sub-Committee</p> | |
| <p>Sub-Committee Discussion</p> <p>The Bureau has been artificially creating a delay in how the Bureau was concluding investigations by waiting until the next regularly scheduled EMSAC meeting to solicit the disciplinary subcommittee's recommendation as required by the Rules governing EMS. Would like to convene the Disciplinary subcommittee in a teleconference to review the case to speed up the process of resolution.</p> | <p>Sub-Committee Motions/Recommendations</p> <p>Motion carried to recommend that the EMS Bureau convene the disciplinary subcommittee by teleconference on an as needed basis.</p> <p>General Session Motions/Recommendations</p> <p>Motion was carried to accept the subcommittee recommendation.</p> |
| <p>Sub-Committee Discussion</p> <p>EMS Bureau Chief reviewed the new Complaint Investigation Process algorithm and Administrative Investigation Manual. The manual does not consider the deputy attorney general's intern findings about other states' disciplinary processes, which will be incorporated later.</p> <p>EMS Bureau Chief suggested that the disciplinary decisions be moved to the authority of the Physician Commission. The Bureau would remain as the administrative entity.</p> <p>EMS Bureau Chief provided a verbal update about a pending case; once local law enforcement's written investigation findings are available (+/- 2 weeks), disciplinary subcommittee review will commence.</p> | |

| Grants Sub-Committee | |
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| <p>Sub-Committee Discussion</p> <p>FY06 Training Grant Report</p> <p>\$62,237 Awarded</p> <ul style="list-style-type: none"> • \$39,813.60 Paid • \$875.00 Special Award – Silver City Fire & Rescue Inc. • \$20,000. SimBaby – Purchase by College of Southern Idaho • \$1,500. C E Program – Subscription for College of Southern Idaho <p>\$62,188.60 Total Paid</p> <p>FY07 Training Grant</p> <p>\$63,000 available</p> <ul style="list-style-type: none"> • \$146,505 training courses requested • \$ 52,548 training equipment requested <p>\$199,053 total requested</p> <p>FY07 Dedicated Grant</p> <p>\$855,016 available (6/26/06)</p> <p>\$3,005,816.81 Application Requests</p> <ul style="list-style-type: none"> ▪ \$2,524,072.81 Vehicle Requests ▪ 481,744. Equipment Requests <p>General Session Discussion</p> <p>The Bureau is overhauling the licensure process and associated rules. It should include oversight of vehicle extrication regulation. Most current extrication operations are housed in fire departments. This overhaul will require a partnership with the Idaho Fire Chiefs Association. Extrication equipment requests totaled \$127,652 without vehicles.</p> | <p>Sub-Committee Motions/Recommendations</p> <p>Recommendation to bring two motions from March subcommittee meeting before the general session:</p> <ul style="list-style-type: none"> ▪ Motion to recommend changing previous recommendation and freeze funding for vehicles and equipment at the grant cycle of FY2006. ▪ Motion to recommend that the Bureau secure a state bid for vehicles by FY2008-2009 as a test program. <p>Motion carried to recommend funding at 70% for first priority training, same level as previous year. Regional Consultants will coordinate with agencies in their regions to maximize funding and training opportunities.</p> <p>Motion carried to send a letter of intent with the contract that must be signed and returned to the Bureau within 60 days of notification.</p> <p>Motion carried to rule Lapwai Valley QRU grant application ineligible due to inconsistencies with supplied information and following grant instructions, section 502 of the Dedicated Grant Rules.</p> <p>Motion carried to rule Troy Volunteer Ambulance, Raft River Fire Protection District, and Gibbonsville Quick Response Unit applications ineligible for failure to follow grant instructions, section 101.02 of the Dedicated Grant Rules.</p> <p>Motion carried to make ATVs, snowmobiles, boats, etc., ineligible for dedicated grant funding.</p> <p>Motion carried to recommend that the EMS Bureau start dialogue between stakeholders involved in extrication and regulation as part of the EMS licensure overhaul.</p> <p>General Session Motions/Recommendations</p> <p>Motion carried to recommend accepting the sub-committee motions.</p> |